

Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 12071  
Application ID: 09682232  
Title of Invention: METHODS AND SYSTEMS FOR  
GENERATING ENHANCED  
THUMBNAIIS USABLE FOR  
DOCUMENT NAVIGATION  
First Named Inventor: Ruth Rosenholtz  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2001-08-08  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: 110338  
Digital Certificate Holder: cn=Thomas J. Pardini, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
Certificate Message Digest: H/E9OUyhrMkMwT4zb7ugQQ==  
Total Fees Authorized: \$1330.0  
Payment Category: DA - Deposit Account  
Deposit Account Number: 240037  
Deposit Account Name: Thomas J. Pardini

# TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 110338



## METHODS AND SYSTEMS FOR GENERATING ENHANCED THUMBNAILS USABLE FOR DOCUMENT NAVIGATION

First Named Inventor: Ms. Ruth E. Rosenholtz

### SUBMITTED BY

Name: Mr. Thomas J. Pardini  
Registration Number: 30411  
Electronic Signature  
Mark: /Thomas J. Pardini/ Date Signed: 20010808

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

specification ob110338.xml  
declaration Dec1.tif

declaration	Dec2.tif
declaration	Dec3.tif
fee-transmittal	x110338fee.xml
bibd-transmittal	x110338apds.xml
patent-assignment	x110338asgn.xml

Attached Image File(s):

Dec1.tif

Dec2.tif

Dec3.tif

0058232.000001

Comments:

09682232 080901

APPLICATION FOR UNITED STATES PATENT  
DECLARATION AND POWER OF ATTORNEY

Docket No.: 110338

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND SYSTEMS FOR GENERATING ENHANCED THUMBNAILS USABLE FOR DOCUMENT NAVIGATION

described and claimed in the specification:

Check one

\*a. ☒ attached hereto.

b. ☐ filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075; William F. Berridge, Registration No. 30,024;  
Kirk M. Hudson, Registration No. 27,562; Thomas J. Pardini, Registration No. 30,411;  
Edward P. Walker, Registration No. 31,450; Robert A. Miller, Registration No. 32,771;  
Mario A. Costantino, Registration No. 33,565; Stephen J. Roe, Registration No. 34,463;  
Joel S. Armstrong, Registration No. 36,430; Christopher W. Brown, Registration No. 38,025;  
Richard E. Rice, Registration No. 31,560; Mark Costello, Registration No. 31,342;  
Richard B. Domingo, Registration No. 36,734; Eugene O. Palazzo, Registration No. 20,881;  
Denis A. Robitaille, Registration No. 34,098; Ronald F. Chapuraz, Registration No. 26,402;  
Kevin R. Kepner, Registration No. 32,145; and/or Don L. Webber, Registration No. 34,275.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 *Typewritten Full Name  
of First or Sole Inventor*

2 **\*\*INVENTOR'S SIGNATURE:**

3 **\*\*DATE OF SIGNATURE:**

	Ruth	E.	ROSENHOLTZ
	Given Name	Middle Initial	Family Name
	<i>Ruth A. Rosenholtz</i>		
	Month	Day	Year
Residence:	Menlo Park	California	USA
	City	State or Province	Country
Citizenship:	USA		
	Post Office Address:		
	(Insert complete mailing address, including country)		
	c/o Xerox PARC		
	3333 Coyote Hill Road, Palo Alto, California 94304, USA		

\*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Page 2 OF U.S.A. DECLARATION FORM

1 **Typewritten Full Name of Second Joint Inventor (if any)**

Given Name	Middle Initial	Family Name
Allison	G.	WOODRUFF

2 **\*\*INVENTOR'S SIGNATURE:** Allison G. Woodruff

3 **\*\*DATE OF SIGNATURE:** 08-06-2001

Month	Day	Year
-------	-----	------

Residence: Palo Alto California USA

City	State or Province	Country
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Citizenship: USA

Post Office Address: (Insert complete mailing address, including country) c/o Xerox PARC

3333 Coyote Hill Road, Palo Alto, California 94304, USA

1 **Typewritten Full Name of Third Joint Inventor (if any)**

Given Name	Middle Initial	Family Name
Andrew	R.	FAULRING

2 **\*\*INVENTOR'S SIGNATURE:** \_\_\_\_\_

3 **\*\*DATE OF SIGNATURE:** \_\_\_\_\_

Month	Day	Year
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Residence: Pittsburgh Pennsylvania USA

City	State or Province	Country
------	-------------------	---------

Citizenship: USA

Post Office Address: (Insert complete mailing address, including country) 1002 Flemington Street, Pittsburgh, Pennsylvania 15217, USA

1 **Typewritten Full Name of Fourth Joint Inventor (if any)**

Given Name	Middle Initial	Family Name
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2 **\*\*INVENTOR'S SIGNATURE:** \_\_\_\_\_

3 **\*\*DATE OF SIGNATURE:** \_\_\_\_\_

Month	Day	Year
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Residence: \_\_\_\_\_

City	State or Province	Country
------	-------------------	---------

Citizenship: \_\_\_\_\_

Post Office Address: (Insert complete mailing address, including country) \_\_\_\_\_

1 **Typewritten Full Name of Fifth Joint Inventor (if any)**

Given Name	Middle Initial	Family Name
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2 **\*\*INVENTOR'S SIGNATURE:** \_\_\_\_\_

3 **\*\*DATE OF SIGNATURE:** \_\_\_\_\_

Month	Day	Year
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Residence: \_\_\_\_\_

City	State or Province	Country
------	-------------------	---------

Citizenship: \_\_\_\_\_

Post Office Address: (Insert complete mailing address, including country) \_\_\_\_\_

**\*\*Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing. This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Page 2 OF U.S.A. DECLARATION FORM

1 *Typewritten Full Name of Second Joint Inventor (if any)*

Allison	G.	WOODRUFF
Given Name	Middle Initial	Family Name

2 **\*\*INVENTOR'S SIGNATURE:**

3 **\*\*DATE OF SIGNATURE:**

Month	Day	Year
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Residence:

Foster City	California	USA
City	State or Province	Country

Citizenship: USA

Post Office Address:  
(Insert complete mailing address, including country)

c/o Xerox PARC  
3333 Coyote Hill Road, Palo Alto, California 94304, USA

1 *Typewritten Full Name of Third Joint Inventor (if any)*

Andrew	R.	FAULRING
Given Name	Middle Initial	Family Name

2 **\*\*INVENTOR'S SIGNATURE:**

3 **\*\*DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:

Pittsburgh	Pennsylvania	USA
City	State or Province	Country

Citizenship: USA

Post Office Address:  
(Insert complete mailing address, including country)

1002 Flemington Street, Pittsburgh, Pennsylvania 15217, USA

1 *Typewritten Full Name of Fourth Joint Inventor (if any)*

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 **\*\*INVENTOR'S SIGNATURE:**

3 **\*\*DATE OF SIGNATURE:**

Month	Day	Year
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Residence:

City	State or Province	Country
------	-------------------	---------

Citizenship:

Post Office Address:  
(Insert complete mailing address, including country)

1 *Typewritten Full Name of Fifth Joint Inventor (if any)*

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 **\*\*INVENTOR'S SIGNATURE:**

3 **\*\*DATE OF SIGNATURE:**

Month	Day	Year
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Residence:

City	State or Province	Country
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Citizenship:

Post Office Address:  
(Insert complete mailing address, including country)

**\*\*Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.  
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# FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Large Entity

## TOTAL FEES AUTHORIZED: \$ 1330

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 24-0037



Deposit Account Name: XEROX CORPORATION

### SUBMITTED BY

Authorized Name: Thomas J. Pardini  
Electronic Signature Mark: /Thomas J. Pardini/  
Date Signed: 20010808

### BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

### EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 30	103	\$ 18	10	\$ 180
Independent Claims: 8	102	\$ 80	5	\$ 400

Subtotal For Extra Claims Fees: \$ 580

### ADDITIONAL FEES



Fee Description	Fee Code	Fee Paid
Recording Each Patent Assignment Per Property Fee	581	\$ 40

Subtotal For Additional Fees: \$ 40

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